



DATA BRIEF | MARCH 2024

Texas Survey Respondents Struggle to Afford High Health Care Costs; Worry about Affording Health Care in the Future; Support Government Action Across Party Lines

KEY FINDINGS

A survey of more than 1,400 Texas adults, conducted from November 7 to November 13, 2023, found that:

- Over 3 in 5 (70%) experienced at least one health care affordability burden in the past year;
- Over 4 in 5 (84%) worry about affording health care in the future;
- Over 3 in 5 (62%) of all respondents delayed or went without health care due to cost in the last twelve months;
- Low-income respondents and those with disabilities had higher rates of going without care due to cost and incurring medical debt, depleting savings, and/or sacrificing basic needs due to medical bills; and
- Across party lines, respondents express strong support for government-led solutions.

A RANGE OF HEALTH CARE AFFORDABILITY BURDENS

Like many Americans, Texas adults experience hardship due to high health care costs. Overall, well over half (70%) of respondents experienced one or more of the following health care affordability burdens in the prior 12 months:

1) BEING UNINSURED DUE TO HIGH COSTS

Over half (58%) of uninsured respondents cited “too expensive” as the main reason for not having health insurance, far exceeding other reasons like “don’t need it” and “don’t know how to get it.” In addition, 56% of respondents without dental insurance cited cost as the main reason for not having coverage, and 50% those without vision insurance cited cost as the main reason for not having coverage.

2) DELAYING OR GOING WITHOUT HEALTH CARE DUE TO COST

Well over half (62%) of all respondents reported delaying or going without health care during the prior 12 months due to cost:

- 40%—Skipped needed dental care
- 38%—Delayed going to the doctor or having a procedure done
- 34%—Skipped a recommended medical test or treatment
- 32%—Cut pills in half, skipped doses of medicine or did not fill a prescription¹
- 32%—Avoided going to the doctor or having a procedure done altogether
- 29%—Skipped needed vision services
- 23%—Had problems getting mental health care or addiction treatment
- 16%—Skipped needed hearing services
- 14%—Skipped or delayed getting a medical assistive device

Moreover, respondents most frequently cited cost as the reason for them or their family members not getting care in the last year, exceeding a host of other barriers like not being able to get an appointment, getting time off work, transportation, and lack of childcare.

3) STRUGGLING TO PAY MEDICAL BILLS

Other times, respondents got the care they needed but struggled to pay the resulting bill. Nearly one-half (47%) of respondents reported experiencing one or more of these struggles to pay their medical bills:

- 20%—Were contacted by a collection agency
- 19%—Used up all or most of their savings
- 18%—Were unable to pay for basic necessities like food, heat or housing
- 15%—Borrowed money, got a loan or another mortgage on their home
- 14%—Racked up large amounts of credit card debt
- 10%—Were placed on a long-term payment plan

Of the various types of medical bills, the ones most frequently associated with an affordability barrier were doctor bills, dental bills, and prescription drugs. The high prevalence of affordability burdens for these services likely reflects the frequency with which Texas respondents seek these services. Trouble paying for dental bills likely reflects lower rates of coverage for these services (42% said they were partially or completely without dental coverage in the past year).

HIGH LEVELS OF WORRY ABOUT AFFORDING HEALTH CARE IN THE FUTURE

Texas respondents also exhibit high levels of worry about affording health care in the future. Over four in five (84%) reported being “worried” or “very worried” about affording some aspect of health care in the future, including:

- 69%—Medical costs when elderly
- 69%—Health insurance will become unaffordable
- 66%—Medical costs in the event of a serious illness or accident
- 66%—Cost of nursing home or home care services
- 59%—Prescription drugs will become unaffordable
- 60%—Cost of dental care
- 53%—Cost of needed vision services
- 50%—Cost of needed hearing services

While two of the most common worries—affording the cost of nursing home or home care services and medical costs when elderly—are applicable predominantly to an older population, they were most frequently reported by respondents ages 25-54. This finding suggests that Texas respondents may be worried about affording the cost of care for both aging relatives and themselves.

Worry about affording health care was highest among respondents living in low-income households, among those living in households with a person with a disability, and those living in Texas’ Public Health Service Region 11 (see Appendix), closely followed by service regions 2/3 and 4/5N (see Table 1). Overall, 88% of respondents with household incomes less than \$50,000 a year reported worrying about affording some aspect of coverage or care in the past year.² Still, most Texas respondents of all incomes, races, ethnicities, geographic regions, and levels of ability were somewhat or very concerned.

Concern that health *insurance* will become unaffordable is also more prevalent among certain groups of Texas respondents. By insurance type, respondents with coverage through their employer most frequently reported worrying about affording coverage, followed by respondents with coverage that they have purchased on their own, not through an employer, through their employer and those with Medicaid coverage (see Figure 1).

Respondents with household incomes below \$50,000 per year reported the highest rates of worry about losing coverage, as well as the highest rates of worrying about not being able to afford coverage in the future (see Table 2). Respondents living in households with a person with a disability reported higher rates of being concerned about losing health insurance than those living in a household without a person with a disability. Respondents living in Texas’ Public Health Service Regions 6/5S and 11 reported the highest rate of worry about losing insurance compared to residents in other geographic areas.

Concerns about *affording* coverage exceeded fears about *losing* coverage across all income groups, disability statuses, geographic settings, races/ethnicities, and coverage types.

Table 1

Percent Worried or Very Worried, by Income Group, Geographic Region, Race/Ethnicity, and Disability Status

	Any Health Care Affordability Worry
Income Group	
Less than \$50,000	88%
\$50,000 - \$75,000	86%
\$75,000 - \$100,000	85%
More than \$100,000	78%
Geographic Region	
Public Health Service Region 1*	82%
Public Health Service Region 2/3	86%
Public Health Service Region 4/5N	86%
Public Health Service Region 6/5S	84%
Public Health Service Region 7	84%
Public Health Service Region 8	78%
Public Health Service Region 9/10	79%
Public Health Service Region 11	87%
Race/Ethnicity	
Respondents of Color**	87%
Black/African American	84%
Hispanic/Latino, any race	88%
White Alone, Non-Hispanic/Latino	81%
Disability Status***	
Household does not include a person with at least one disability	81%
Household includes a person with at least one disability	92%

Source: 2023 Poll of Texas Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

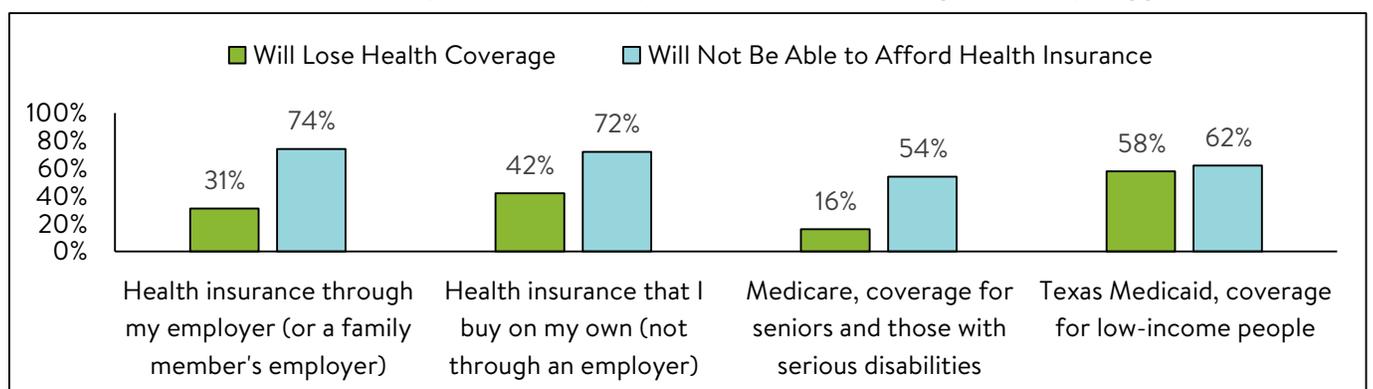
*Sample size for respondents in the Public Health Service Region 1 were not sufficient. Interpret estimates with caution.

**The Respondents of Color category includes respondents who are: Black or African American, American Indian or Native Alaskan, Asian, Native Hawaiian or Other Pacific Islander, or Hispanic/Latino. The quantity of responses for individual groups not shown above were insufficient to report reliable estimates. We regret that we were not able to provide reliable estimates for each individual group to better represent the diverse communities of Texas.

***Respondents were asked if they or someone in their household identifies as having a disability or long-term health condition related to mobility, cognition, independent living, hearing, vision, and self-care.

Figure 1

Percent Worried about Losing and Affording Health Insurance, by Coverage Type



Source: 2023 Poll of Texas Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Table 2
Percent Worried about Losing and Affording Health Insurance, by Income Group, Geographic Region, Race/Ethnicity, Insurance Type, and Disability Status

	Worry about Losing Health Insurance	Worry about Health Insurance Becoming Unaffordable
Income Group		
Less than \$50,000	39%	65%
\$50,000 - \$75,000	33%	71%
\$75,000 - \$100,000	28%	64%
More than \$100,000	22%	53%
Geographic Region		
Public Health Service Region 1*	35%	71%
Public Health Service Region 2/3	31%	73%
Public Health Service Region 4/5N	34%	65%
Public Health Service Region 6/5S	39%	70%
Public Health Service Region 7	27%	65%
Public Health Service Region 8	32%	65%
Public Health Service Region 9/10	27%	63%
Public Health Service Region 11	38%	73%
Race/Ethnicity		
Respondents of Color	40%	63%
Black/African American	43%	76%
Hispanic/Latino, any race	46%	61%
White Alone, Non-Hispanic/Latino	25%	74%
Disability Status		
Household does not include a person with a disability	28%	68%
Household includes a person with a disability	45%	72%
Insurance Type		
Health insurance through my employer or a family member's employer	31%	74%
Health insurance that I buy on my own (not through an employer)	42%	72%
Medicare, coverage for seniors and those with serious disabilities	16%	54%
Medicaid, coverage for low-income people	58%	62%

Source: 2023 Poll of Texas Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

*Sample size for respondents in the Public Health Service Region 1 were not sufficient. Interpret estimates with caution.

DIFFERENCES IN HEALTHCARE AFFORDABILITY BURDENS

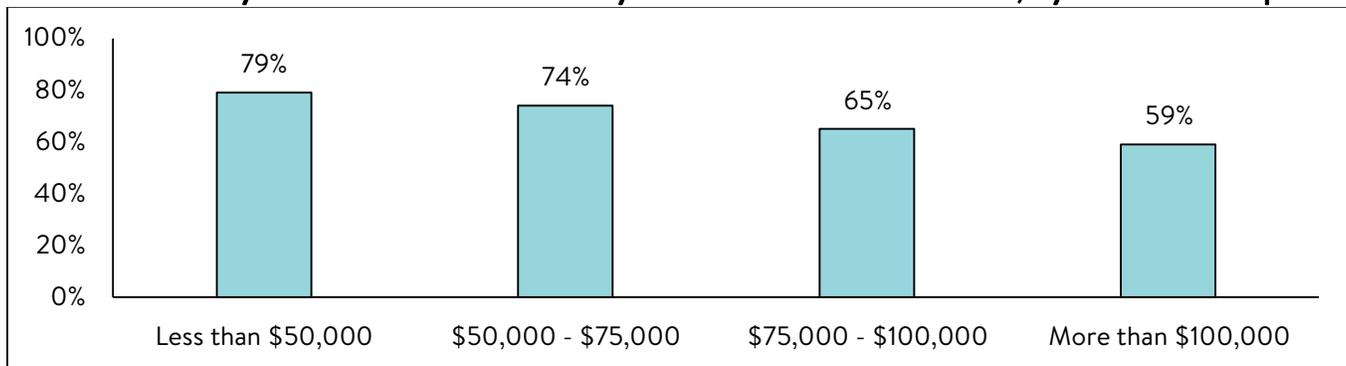
The survey also revealed differences in how Texas respondents experience health care affordability burdens by income, age, geographic region, race/ethnicity, and disability.

INCOME AND AGE

Unsurprisingly, respondents at the lowest end of the income spectrum most frequently reported experiencing one or more health care affordability burdens, with over three-fourths (79%) of those earning less than \$50,000 per year reporting struggling to afford some aspect of coverage or care in the past 12 months (see Figure 2). This may be due, in part, to respondents in this income group reporting higher rates of going without care and rationing their medication due to cost (see Figure 3).

Figure 2

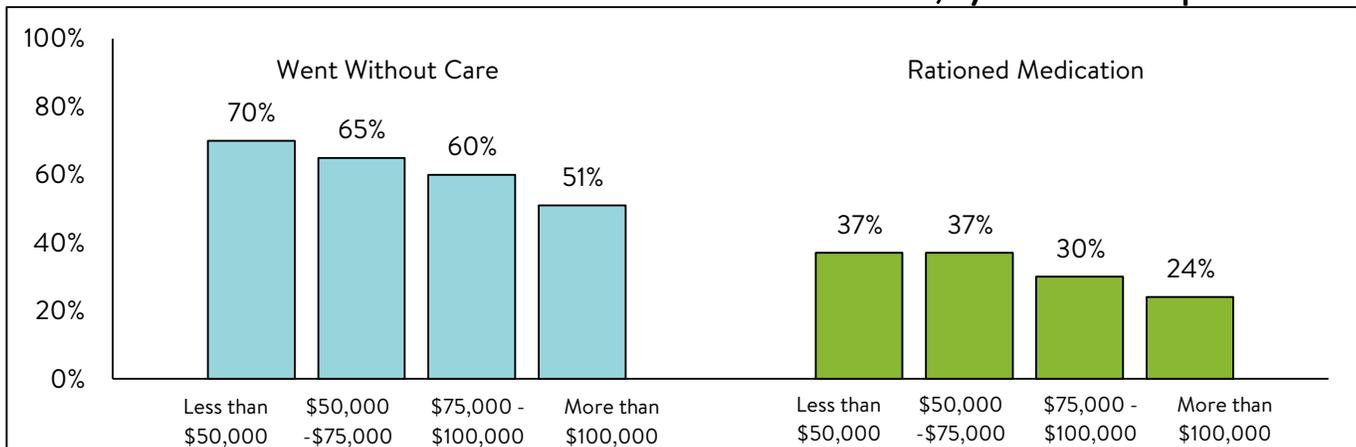
Percent with Any Health Care Affordability Burden in Prior 12 Months, by Income Group



Source: 2023 Poll of Texas Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Figure 3

Percent Who Went Without Care Due to Cost in Prior 12 Months, by Income Group

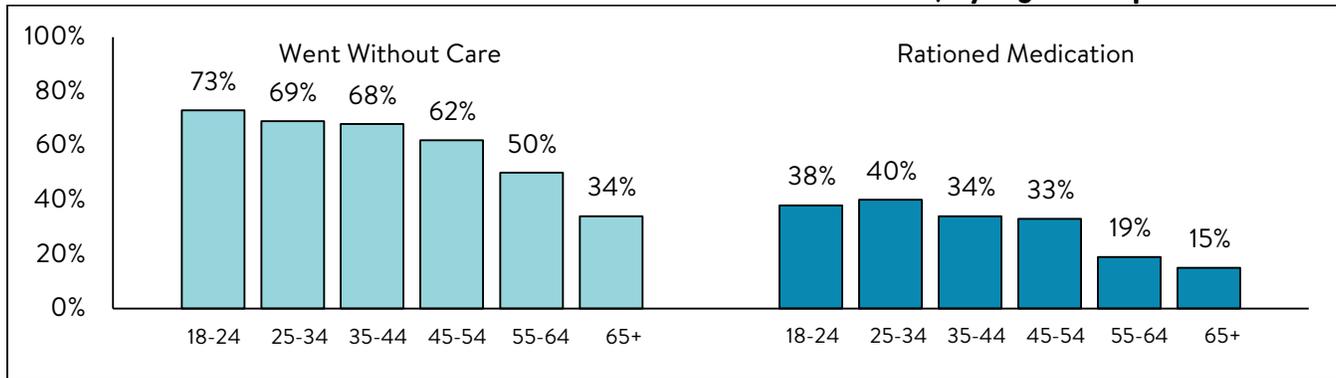


Source: 2023 Poll of Texas Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Further analysis found that Texas respondents ages 18-44 reported higher rates of going without care due to cost than respondents ages 45 and older (see Figure 4). Respondents ages 18-44 also most frequently reported rationing medication due to cost compared to other age groups.

Figure 4

Percent Who Went Without Care Due to Cost in Prior 12 Months, by Age Group



Source: 2023 Poll of Texas Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

DISABILITY

Respondents living in households with a person with a disability reported the highest rates of going without care and rationing medication due to cost in the past 12 months. Nearly eight in ten (79% of) respondents in this group reported going without some form of care and 45% reported rationing medication, compared to 55% and 27% of respondents living in households without a person with a disability, respectively (see Table 4). Respondents living in households with a person with a disability also more frequently reported delaying or skipping getting mental health care, addiction treatment, and dental care, among other health care services, than those in households without a person with a disability due to cost concerns (see Table 3).

Those with disabilities also face health care affordability burdens unique to their disabilities—27% of respondents with a disabled household member reported delaying getting a medical assistive device such as a wheelchair, cane/walker, hearing aid, or prosthetic limb due to cost. Just 9% of respondents without a person with a disability in their household (who may have needed such tools temporarily or may not identify as having a disability) reported this experience.

Table 3

Percent Who Went Without Select Types of Care Due to Cost, by Disability Status

	Household Does Not Include a Person with at Least One Disability	Household Includes a Person with at Least One Disability
Avoided going altogether to the doctor or having a procedure done	27%	42%
Problems getting mental health care	15%	29%
Problems getting addiction treatment	6%	19%
Skipped needed dental care	36%	40%
Skipped or delayed getting a medical assistive device	9%	27%
Skipped needed vision services	25%	41%

Source: 2023 Poll of Texas Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

INSURANCE TYPE

Respondents with Texas Medicaid coverage reported the highest rates of going without care due to cost and rationing medication, followed by respondents with private insurance from an employer or purchased independently (see Table 4). Still, nearly half (49%) of respondents with Medicare coverage also went without care due to cost in the twelve months prior to taking the survey.

Table 4
Percent Who Went Without Care Due to Cost in Prior 12 Months, by Geographic Region, Race/Ethnicity, Insurance Type, and Disability Status

	Went Without Care Due to Cost	Either Did Not Fill a Prescription, Cut Pills in Half or Skipped a Dose Due to Cost Concerns
Geographic Region		
Public Health Service Region 1*	71%	46%
Public Health Service Region 2/3	58%	29%
Public Health Service Region 4/5N	70%	42%
Public Health Service Region 6/5S	65%	30%
Public Health Service Region 7	60%	25%
Public Health Service Region 8	56%	28%
Public Health Service Region 9/10	63%	34%
Public Health Service Region 11	60%	38%
Race/Ethnicity		
Respondents of Color	65%	35%
Black/African American	64%	37%
Hispanic/Latino, any race	67%	46%
White alone, Non-Hispanic/Latino	58%	29%
Insurance Type		
Health insurance through my employer or a family member's employer	60%	30%
Health insurance that I buy on my own (not through an employer)	69%	34%
Medicare, coverage for seniors and those with serious disabilities	49%	25%
Texas Medicaid, coverage for low-income people	73%	44%
Disability Status		
Household does not include a person with at least one disability	55%	27%
Household includes a person with at least one disability	79%	45%

Source: 2023 Poll of Texas Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

*Sample size for respondents in the Public Health Service Region 1 were not sufficient. Interpret estimates with caution.

Survey respondents also had the opportunity to share their own stories about going without care due to cost in the past year. Notably, respondents with both private insurance and Medicaid coverage reported challenges affording care (see Table 5).

Table 5
Select Responses to the Open-Text Question, “Over the last 12 months, please describe a time that you did not get a healthcare service due to cost.”

RESPONDENTS WITH MEDICAID	RESPONDENTS WITH EMPLOYER-SPONSORED INSURANCE
<p>“I was able to get vision services fairly easy, but the cost of the lenses that I need (I needed trifocals) was insanely expensive!”</p> <p>“Two medicines that the doctors have recommended that I take cost over \$800 dollars. I can't pay for that.”</p> <p>“It's been about 7 months since I tore my ACL and meniscus in my right knee and could not see a doctor or get an appointment set up for surgery because I didn't have the money.”</p> <p>“I was supposed to follow up with a doctor to get an ultrasound, but I couldn't afford the upfront costs.”</p>	<p>“After getting a surprise lab fee during a Dr's visit, and a requested follow up, I declined and never went back.”</p> <p>“Copay for mental health was more than I could afford. I am in much needed dental work but cannot afford it.”</p> <p>“I have not gone to the doctor due to the cost of the appointment and the cost of the prescription for my asthma inhaler.”</p> <p>“I needed a sonogram to monitor my disease and I couldn't afford the percentage that I would have to pay. The hospital will usually add the bill to my payment plan but the lab wouldn't work with me.”</p>
Respondents with Medicare	Respondents with Insurance Purchased Independently
<p>“I was supposed to been seen by a specialist. But the copay was very high. I had to cancel the appointment.”</p> <p>“I was ill, running fever of 103, and couldn't afford to go to doctor or get any prescriptions.”</p> <p>“I needed treatment and medications for treatment but was unable to have it done because insurance doesn't cover it. I also need dental surgery that I cannot afford to do.”</p>	<p>“I truly need to have a specific surgery, but the out-of-pocket cost is outrageous, so to date, I have skipped this surgery.”</p> <p>“I put off treating a UTI until it turned into a Kidney Infection.”</p> <p>“I had a really bad ear infection but having to choose between paying my light bill or the doctor, I had to choose my light bill.”</p>
	NO COVERAGE OF ANY KIND
	<p>“I needed an angiogram done on my heart but due to the cost and no insurance the procedure has not been done. I have extreme blood pressure problems.”</p> <p>“I have not been to the dentist, not been to the eye doctor, and not gone to the emergency room for my seizures all due to high cost.”</p>

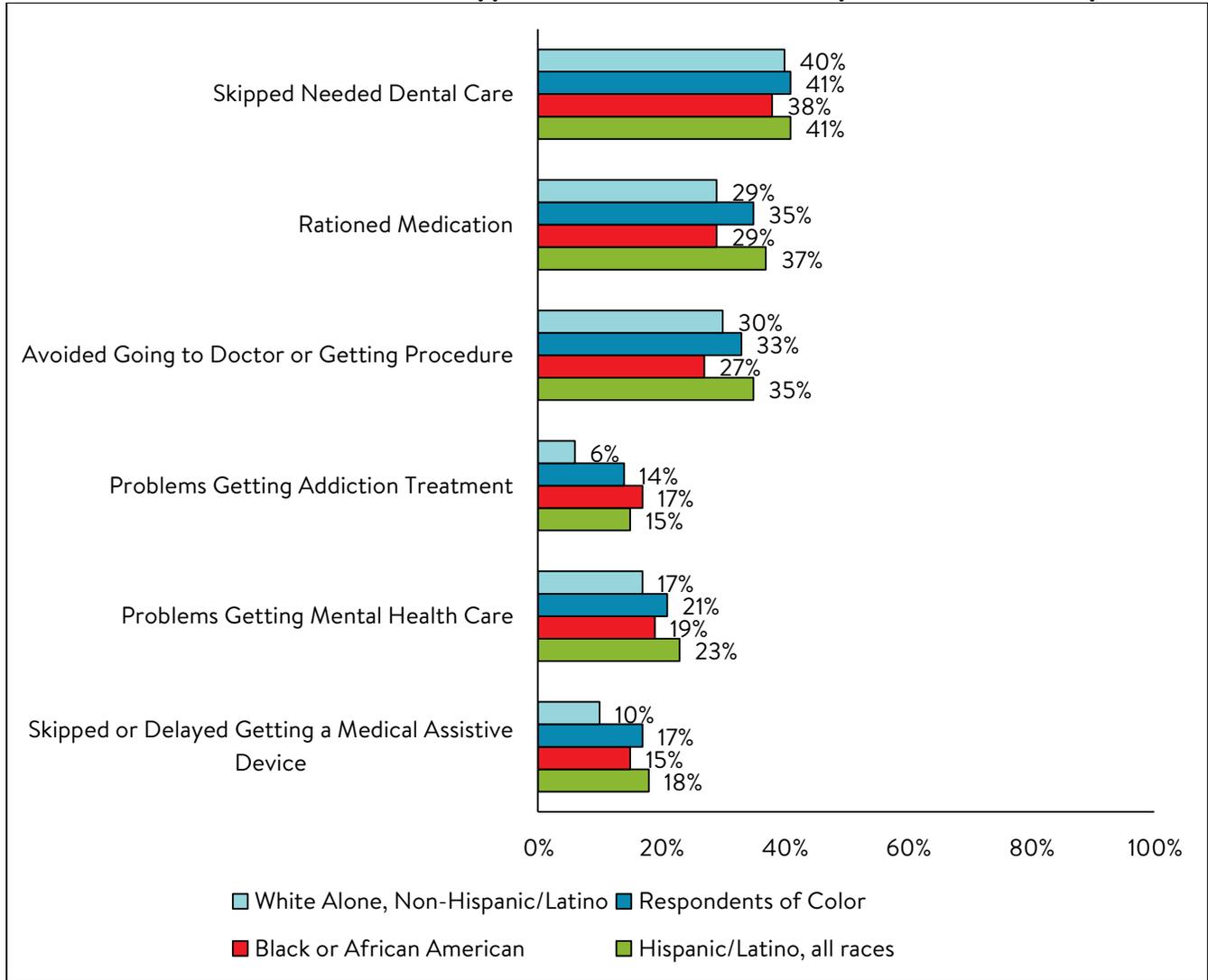
Source: 2023 Poll of Texas Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

RACE AND ETHNICITY

Texas respondents of color reported higher rates of rationing medication and forgoing care than white alone, non-Hispanic/Latino respondents. Sixty-four percent of Black or African American respondents and 67% of Hispanic/Latino respondents reported going without care due to cost in the past twelve months, compared to 58% of white alone, non-Hispanic/Latino respondent (see Table 4). Further analysis showed that respondents of color also reported higher rates of challenges receiving mental health care and skipping needed dental care (see Figure 5).

Figure 5

Percent Who Went Without Select Types of Care Due to Cost, by Race and Ethnicity



Source: 2023 Poll of Texas Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Encountering Medical Debt

The survey also showed differences in the prevalence of financial burdens due to medical bills, including going into medical debt, depleting savings, and being unable to pay for basic necessities (like food, heat, and housing) by income, race, ethnicity, disability status, and geographic setting. Fifty-seven percent of Black or African American respondents and 57% of Hispanic/Latino respondents reported going into debt, depleting savings, or going without other needs due to medical bills, compared to 39% of white alone, non-Hispanic/Latino respondents (see Table 6).

Table 6
Percent who Incurred Debt, Depleted Savings and/or Sacrificed Basic Necessities Due to Medical Bills in Prior 12 Months, by Income Group, Geographic Region, Race/Ethnicity, Insurance Type, and Disability Status

	Incurred Medical Debt, Depleted Savings, and/or Sacrificed Basic Needs Due to Medical Bills
Income Group	
Less than \$50,000	53%
\$50,000 - \$75,000	54%
\$75,000 - \$100,000	46%
More than \$100,000	36%
Geographic Region	
Public Health Service Region 1*	61%
Public Health Service Region 2/3	44%
Public Health Service Region 4/5N	48%
Public Health Service Region 6/5S	48%
Public Health Service Region 7	44%
Public Health Service Region 8	43%
Public Health Service Region 9/10	45%
Public Health Service Region 11	54%
Race/Ethnicity	
Respondents of Color	53%
Black/African American	57%
Hispanic/Latino, any race	57%
White Alone, Non-Hispanic/Latino	39%
Insurance Type	
Health insurance through my employer or a family member’s employer	45%
Health insurance that I buy on my own (not through an employer)	56%
Medicare, coverage for seniors and those with serious disabilities	29%
Texas Medicaid, coverage for low-income people	66%
Disability Status	
Household does not include a member with at least one disability	40%
Household includes a member with at least one disability	63%

Source: 2023 Poll of Texas Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

*Sample size for respondents in the Public Health Service Region 1 were not sufficient. Interpret estimates with caution.

The rate of financial burden is even higher for respondents who have or live with a person with a disability, with nearly two-thirds (63%) reporting going into debt or going without other needs due to medical bills, compared to 40% of respondents without a disabled household member. Geographically, respondents in Texas' Public Health Service Regions 1 and 11 reported higher rates of going into debt or going without other needs due to medical bills, although all geographic groups reported somewhat similar levels. In addition, respondents with Medicaid coverage reported the highest rate of the above financial burdens due to medical bills (66%) compared to respondents with all other insurance types.

IMPACT AND WORRY RELATED TO HOSPITAL CONSOLIDATION*

In addition to the above healthcare affordability burdens, a small share of Texas respondents were negatively impacted by health system consolidation. From 2017 to 2022, there were 19 changes in ownership involving hospitals through mergers, acquisitions, or changes of ownership (CHOW) in Texas.^{3,4} Texas does not require that the State Attorney General must be notified of nonprofit health care mergers and acquisitions, and there is no notice or approval process for such transactions.⁵

In the past year, 18% of respondents reported that they were aware of a merger or acquisition in their community—of those respondents, 29% reported that they or a family member were unable to access their preferred health care organization because of a merger that made their preferred organization out-of-network. Out of those who reported being unable to access their preferred healthcare provider due to a merger:

- 41% delayed or avoided going to the doctor or having a procedure done because they could no longer access their preferred health care organization due to a merger,
- 44% changed their preferred doctor or hospital due to a merger,
- 35% changed their health plan coverage to include their preferred doctor or hospital,
- 33% skipped recommended follow-up visits due to a merger,
- 32% skipped filling a prescription medication due to a merger.

Out of those who reported that the merger caused an additional burden for them or their families, the top three most frequently reported issues were:

- 34%—The merger created an added financial burden
- 32%—The merger created an added wait time when searching for a new provider
- 17%—The merger created an added transportation burden

While a small portion of respondents reported being unable to access their preferred health care organization because of a merger, far more respondents (57%) reported being somewhat, moderately or very worried about the impacts of mergers in their health care organizations. When asked about their largest concern respondents most frequently reported:

- 29%—I'm concerned I will have to pay more to see my doctor
- 26%—I'm concerned I will have fewer choices of where to receive care
- 22%—I'm concerned my doctor may no longer be covered by my insurance
- 12%—I'm concerned I will have to travel farther to see my doctor
- 12%—I'm concerned I will have a lower quality of care

*Note: The sample size of respondents who said they were affected by a merger was not large enough to report reliable estimates, so the values in this section should be interpreted with caution.

DISSATISFACTION WITH THE HEALTH SYSTEM AND SUPPORT FOR CHANGE

In light of Texas respondents' health care affordability burdens and concerns, it is not surprising that they are dissatisfied with the health system:

- Just 30% agreed or strongly agreed that “*we have a great healthcare system in the U.S.,*”
- While 72% agreed or strongly agreed that “*the system needs to change.*”

To investigate further, the survey asked about both personal and governmental actions to address health system problems.

PERSONAL ACTIONS

Texas respondents see a role for themselves in addressing health care affordability. When asked about specific actions they could take:

- 61% of respondents reported researching the cost of a drug beforehand, and
- 77% said they would be willing to switch from a brand name to an equivalent generic drug if given the chance.

When asked to select the **top three** personal actions they felt would be most effective in addressing health care affordability (out of ten options), the most common responses were:

- 73%—Take better care of my personal health
- 42%—Research treatments myself before going to the doctor
- 37%—Do more to compare doctors on cost and quality before getting services
- 20%—Write to or call my state representative asking them to take action on high healthcare prices and lack of affordable coverage options
- 25%—There is not anything I can do personally to make our health system better

GOVERNMENT ACTIONS

But far and away, Texas respondents see government as the key stakeholder that needs to act to address health system problems. Moreover, addressing health care problems is one of the top priorities that respondents want their elected officials to work on.

At the beginning of the survey, respondents were asked what issues the government should address in the upcoming year. The top vote getters were:

- 47%—Economy/Joblessness
- 46%—Health care
- 38%—Immigration

When asked about the top three *health care* priorities the government should work on, the top vote getters were:

- 51%—Address high health care costs, including prescription drugs
- 36%—Get health insurance to those who cannot afford coverage
- 30%—Improve Medicare, coverage for seniors and those with serious disabilities
- 30%—Preserve consumer protections preventing people from being denied coverage or charged more for having a pre-existing medical condition

Of more than 20 options, Texas respondents believe the reason for high health care costs is unfair prices charged by powerful industry stakeholders:

- 74%—Hospitals charging too much money
- 73%—Drug companies charging too much money
- 69%—Insurance companies charging too much money

When it comes to tackling costs, respondents endorsed a number of strategies, including:

- 92%—Show what a fair price would be for specific procedures
- 92%—Require insurers to provide up-front cost estimates to consumers
- 92%—Make it easy to switch insurers if a health plan drops your doctor
- 92%—Set standard prices for drugs to make them affordable
- 92%—Require drug companies to provide advanced notice of price increases and information to justify those increases
- 91%—Cap out-of-pocket costs for life-saving medications, such as insulin
- 91%—Expand health insurance options so that everyone can afford quality coverage
- 91%—Authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes
- 90%—Require hospitals and doctors to provide up-front cost estimates to consumers

SUPPORT FOR ACTION ACROSS PARTY LINES

There is also remarkable support for change regardless of respondents' political affiliation (see Table 7). The high burden of health care affordability, along with high levels of support for change, suggest that elected leaders and other stakeholders need to make addressing this consumer burden a top priority. Annual surveys can help assess whether progress is being made.

ABOUT THE ALTARUM HEALTHCARE VALUE HUB

With support from Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high health care costs and poor quality, bringing better value to consumers. The Hub is part of Altarum, a nonprofit organization with the mission of creating a better, more sustainable future for all Americans by applying research-based and field-tested solutions that transform our systems of health and healthcare.

Contact the Hub: 3520 Green Court, Suite 300, Ann Arbor, MI 48105
(734) 302-4600 | www.HealthcareValueHub.org | @HealthValueHub

© 2023 Altarum | www.altarum.org



HEALTHCARE VALUE HUB

Table 7
Percent Who Agreed/Strongly Agreed, by Political Affiliation

Selected Survey Statements/Questions	Total Percent of Respondents	Generally speaking, do you think of yourself as...		
		Republican	Democrat	Neither
<i>We have a great healthcare system in the U.S.</i>	30%	35%	34%	20%
<i>The U.S. healthcare system needs to change.</i>	72%	72%	78%	68%
The government should show what a fair price would be for a specific procedure.	92%	92%	93%	92%
The government should require insurers to provide up-front cost estimates to consumers.	92%	94%	92%	91%
The government should require drug companies to provide advance notice of price increases and information to justify those increases.	92%	92%	94%	91%
The government should make it easy to switch insurers if a health plan drops your doctor.	92%	93%	90%	90%
The government should set standard prices for drugs to make them affordable	92%	91%	93%	91%
The government should cap out-of-pocket costs for life-saving medications, such as insulin	91%	91%	93%	89%
The government should expand health insurance options so that everyone can afford quality coverage.	91%	92%	93%	89%
The government should require hospitals and doctors to provide up-front cost estimates to consumers.	90%	93%	91%	87%

Notes

- Twenty-six percent (26%) did not fill a prescription and 20% cut pills in half or skipped doses of medicine due to cost.
- Median household income in Texas was \$73,035 (2017-2021). U.S. Census, *Quick Facts*. Retrieved from: U.S. Census Bureau QuickFacts, [U.S. Census Bureau QuickFacts: Texas](https://www.census.gov/quickfacts/texas).
- Centers for Medicare and Medicaid Services. (2023). Hospital Change of Ownership. Retrieved January 11, 2023, from <https://data.cms.gov/provider-characteristics/hospitals-and-other-facilities/hospital-change-of-ownership>.
- A CHOW typically occurs when a Medicare provider has been purchased (or leased) by another organization. The CHOW results in the transfer of the old owner's identification number and provider agreement (including any Medicare outstanding debt of the old owner) to the new owner. An acquisition/merger occurs when a currently enrolled Medicare provider is purchasing or has been purchased by another enrolled provider. Only the purchaser's CMS Certification Number (CCN) and tax identification number remain. Acquisitions/mergers are different from CHOWs. In the case of an acquisition/merger, the seller/former owner's CCN dissolves. In a CHOW, the seller/former owner's CCN typically remains intact and is transferred to the new owner. A consolidation occurs when two or more enrolled Medicare providers consolidate to form a new business entity. Consolidations are different from acquisitions/mergers. In an acquisition/merger, two entities combine but the CCN and tax identification number (TIN) of the purchasing entity remains intact. In a consolidation, the TINs and CCN of the consolidating entities dissolve and a new TIN and CCN are assigned to the new, consolidated entity. Source: Missouri Department of Health and Senior Services, Change of Ownership Guidelines—Medicare/State Certified Hospice. Retrieved August 23, 2023, from <https://health.mo.gov/safety/homecare/pdf/CHOW-Guidelines-StateLicensedHospice.pdf#:~:text=Acquisitions%2Fmergers%20are%20different%20from%20CHOWs.%20In%20the%20case,providers%20consolidate%20to%20form%20a%20new%20business%20entity>.
- The Source on Healthcare Price and Competition, Merger Review, Retrieved January 11, 2023 from <https://sourceonhealthcare.org/market-consolidation/merger-review/>

Methodology

Altarum’s Consumer Healthcare Experience State Survey (CHESS) is designed to elicit respondents’ unbiased views on a wide range of health system issues, including confidence using the health system, financial burden and possible policy solutions.

This survey, conducted from November 7 to November 13, 2023, used a web panel from online survey company Dynata with a demographically balanced sample of approximately 1,500 respondents who live in Texas. Information about Dynata’s recruitment and compensation methods can be found [here](#). The survey was conducted in English or Spanish and restricted to adults ages 18 and older. Respondents who finished the survey in less than half the median time were excluded from the final sample, leaving 1,405 cases for analysis. After those exclusions, the demographic composition of respondents was as follows, although not all demographic information has complete response rates:

Demographic Characteristic	Frequency	Percentage
Gender		
Woman	759	54%
Man	624	44%
Transwoman	3	<1%
Transman	8	1%
Genderqueer/Nonbinary	8	<1%
Insurance Type		
Health insurance through employer or family member’s employer	463	33%
Health insurance I buy on my own	180	13%
Medicare, coverage for seniors and those with serious disabilities	354	25%
Medicaid, coverage for low-income earners	121	9%
TRICARE/Military Health System coverage	38	3%
Department of Veterans Affairs (VA) Healthcare	19	1%
No coverage of any type	189	13%
I don’t know	41	3%
Race		
American Indian or Native Alaskan	40	3%
Asian	46	3%
Black or African American	188	13%
Native Hawaiian or Other Pacific Islander	5	<1%
White	1075	77%
Prefer Not to Answer	24	2%
Two or More Races	34	3%
Ethnicity		
Hispanic or Latino	335	24%
Non-Hispanic or Latino	1,070	76%
Age		
18-24	231	17%
25-34	310	22%
35-44	223	16%
45-54	200	14%
55-64	234	17%
65+	196	14%

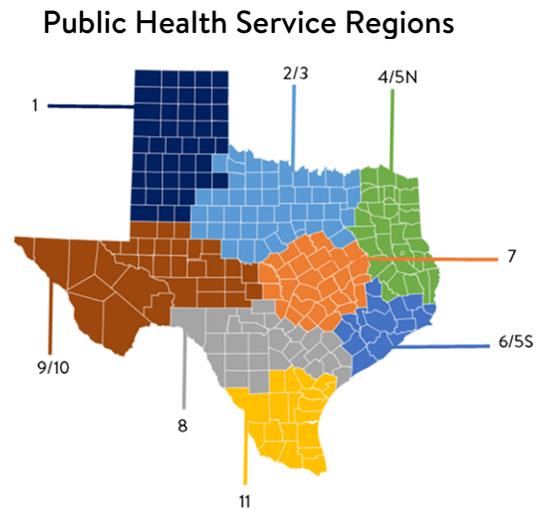
Demographic Characteristic	Frequency	Percentage
Household Income		
Under \$20K	234	17%
\$20K - \$29K	169	12%
\$30K - \$39K	155	11%
\$40K - \$49K	123	9%
\$50K - \$59K	160	11%
\$60K - \$74K	131	9%
\$75K - \$99K	168	12%
\$100K - \$149K	171	12%
\$150K+	94	7%
Self-Reported Health Status		
Excellent	195	14%
Very Good	413	29%
Good	495	35%
Fair	253	18%
Poor	49	3%
Disability		
Mobility: Serious difficulty walking or climbing stairs	215	15%
Cognition: Serious difficulty concentrating, remembering or making decisions	143	10%
Independent Living: Serious difficulty doing errands alone, such as visiting a doctor’s office	109	8%
Hearing: Deafness or serious difficulty hearing	95	7%
Vision: Blindness or serious difficulty seeing, even when wearing glasses	81	6%
Self-Care: Difficulty dressing or bathing	64	5%
No disability or long-term health condition	980	70%
Party Affiliation		
Republican	505	36%
Democrat	412	29%
Neither	488	35%

Source: 2023 Poll of Texas Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

Percentages in the body of the brief are based on weighted values, while the data presented in the demographic table is unweighted. An explanation of weighted versus unweighted variables is available [here](#). Altarum does not conduct statistical calculations on the significance of differences between groups in findings. Therefore, determinations that one group experienced a significantly different affordability burden than another should not be inferred. Rather, comparisons are for conversational purposes. The groups selected for this brief were selected by advocate partners in each state based on organizational/advocacy priorities. We do not report any estimates under N=100 and a co-efficient of variance more than 0.30.

Appendix

The geographic regions used in this survey brief were identified from the [Texas Department of State Health Services Public Health Service Regions](#) and are divided by county:



County	Public Health Service Region	County	Public Health Service Region
Anderson	4/5N	Burnet	7
Andrews	9/10	Caldwell	7
Angelina	4/5N	Calhoun	8
Aransas	11	Callahan	2/3
Archer	2/3	Cameron	11
Armstrong	1	Camp	4/5N
Atascosa	8	Carson	1
Austin	6/5S	Cass	4/5N
Bailey	1	Castro	1
Bandera	8	Chambers	6/5S
Bastrop	7	Cherokee	4/5N
Baylor	2/3	Childress	1
Bee	11	Clay	2/3
Bell	7	Cochran	1
Bexar	8	Coke	9/10
Blanco	7	Coleman	2/3
Borden	1	Collin	2/3
Bosque	7	Collingsworth	1
Bowie	4/5N	Colorado	6/5S
Brazoria	6/5S	Comal	8
Brazos	7	Comanche	2/3
Brewster	9/10	Concho	9/10
Briscoe	1	Cooke	2/3
Brooks	11	Coryell	7
Brown	2/3	Cottle	2/3
Burleson	7	Crane	9/10

County	Public Health Service Region	County	Public Health Service Region
Crockett	9/10	Grayson	2/3
Crosby	1	Gregg	4/5N
Culberson	9/10	Grimes	7
Dallam	1	Guadalupe	8
Dallas	2/3	Hale	1
Dawson	1	Hall	1
Deaf Smith	1	Hamilton	7
Delta	4/5N	Hansford	1
Denton	2/3	Hardeman	2/3
DeWitt	8	Hardin	6/5S
Dickens	1	Harris	6/5S
Dimmit	8	Harrison	4/5N
Donley	1	Hartley	1
Duval	11	Haskell	2/3
Eastland	2/3	Hays	7
Ector	9/10	Hemphill	1
Edwards	8	Henderson	4/5N
El Paso	9/10	Hidalgo	11
Ellis	2/3	Hill	7
Erath	2/3	Hockley	1
Falls	7	Hood	2/3
Fannin	2/3	Hopkins	4/5N
Fayette	7	Houston	4/5N
Fisher	2/3	Howard	9/10
Floyd	1	Hudspeth	9/10
Foard	2/3	Hunt	2/3
Fort Bend	6/5S	Hutchinson	1
Franklin	4/5N	Irion	9/10
Freestone	7	Jack	2/3
Frio	8	Jackson	8
Gaines	1	Jasper	4/5N
Galveston	6/5S	Jeff Davis	9/10
Garza	1	Jefferson	6/5S
Gillespie	8	Jim Hogg	11
Glasscock	9/10	Jim Wells	11
Goliad	8	Johnson	2/3
Gonzales	8	Jones	2/3
Gray	1	Karnes	8

County	Public Health Service Region	County	Public Health Service Region
Kaufman	2/3	Mills	7
Kendall	8	Mitchell	2/3
Kenedy	11	Montague	2/3
Kent	2/3	Montgomery	6/5S
Kerr	8	Moore	1
Kimble	9/10	Morris	4/5N
King	1	Motley	1
Kinney	8	Nacogdoches	4/5N
Kleberg	11	Navarro	2/3
Knox	2/3	Newton	4/5N
La Salle	8	Nolan	2/3
Lamar	4/5N	Nueces	11
Lamb	1	Ochiltree	1
Lampasas	7	Oldham	1
Lavaca	8	Orange	6/5S
Lee	7	Palo Pinto	2/3
Leon	7	Panola	4/5N
Liberty	6/5S	Parker	2/3
Limestone	7	Parmer	1
Lipscomb	1	Pecos	9/10
Live Oak	11	Polk	4/5N
Llano	7	Potter	1
Loving	9/10	Presidio	9/10
Lubbock	1	Rains	4/5N
Lynn	1	Randall	1
Madison	7	Reagan	9/10
Marion	4/5N	Real	8
Martin	9/10	Red River	4/5N
Mason	9/10	Reeves	9/10
Matagorda	6/5S	Refugio	11
Maverick	8	Roberts	1
McCulloch	9/10	Robertson	7
McLennan	7	Rockwall	2/3
McMullen	11	Runnels	2/3
Medina	8	Rusk	4/5N
Menard	9/10	Sabine	4/5N
Midland	9/10	San Augustine	4/5N
Milam	7	San Jacinto	4/5N

County	Public Health Service Region	County	Public Health Service Region
San Patricio	11	Wichita	2/3
San Saba	7	Wilbarger	2/3
Schleicher	9/10	Willacy	11
Scurry	2/3	Williamson	7
Shackelford	2/3	Wilson	8
Shelby	4/5N	Winkler	9/10
Sherman	1	Wise	2/3
Smith	4/5N	Wood	4/5N
Somervell	2/3	Yoakum	1
Starr	11	Young	2/3
Stephens	2/3	Zapata	11
Sterling	9/10	Zavala	8
Stonewall	2/3		
Sutton	9/10		
Swisher	1		
Tarrant	2/3		
Taylor	2/3		
Terrell	9/10		
Terry	1		
Throckmorton	2/3		
Titus	4/5N		
Tom Green	9/10		
Travis	7		
Trinity	4/5N		
Tyler	4/5N		
Upshur	4/5N		
Upton	9/10		
Uvalde	8		
Val Verde	8		
Van Zandt	4/5N		
Victoria	8		
Walker	6/5S		
Waller	6/5S		
Ward	9/10		
Washington	7		
Webb	11		
Wharton	6/5S		
Wheeler	1		